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Knox, Jeanette Bresson Ladegaard

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# Cancer survivor responses to socratic dialogue

## *An explorative study of the experiences with participation in an innovative intervention*

Jeanette Bresson Ladgaard Knox

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Department of Public Health, University of Copenhagen  
knox@sund.ku.dk

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*Objective: This article is based on an anonymous, open-ended written questionnaire of cancer survivors. Prior to answering the questionnaire, these survivors participated in a Socratic Dialogue Group (SDG) that philosophically addressed the fundamental life questions triggered by their cancer experience. The responses aim to cast light on whether SDG is suitable and beneficial for cancer survivors. Methods: The study is based on two similar interventions: a pilot project from 2008-2010 and a research project from 2012-2015 involving a total of 50 participants divided into 9 SDGs. The projects included a questionnaire filled out by 26 out of 50 rehabilitating cancer patients aged 36 to 72 who had just completed participation in a SDG. The questionnaire consisted of seven questions. The seven questions were identical in the two projects. The projects were carried out at the Center for Cancer and Health in Copenhagen, Denmark. Results: All participants responded favorably to SDG as a way to philosophically address life questions. It was found both suitable for cancer survivors and beneficial for the process of returning to an everyday life. Participants found the particular thought process joyful, enriching and existentially sharpening their*

*awareness in terms of life orientation post cancer. The study suggests a novel theoretical approach to cancer survivor care. Conclusion: Responses from the questionnaire illuminate the relevance of a philosophical approach to cancer care by implementing a method of Socratic dialogue among survivors.*

## Background

According to a recent report from The World Health Organization (WHO), the number of cancer patients is growing globally at an alarming speed (Stewart et al., 2014). However, due to innovative advances in medical and technological research, early detection, new treatment regimes and improved medication global survival rates are also increasing (Allemani et al., 2015; Edwards et al., 2014). Though cancer can still be considered »a catastrophic disease« (Broadwell, 1987), cancer and death are no longer synonymous. Thus, the need for rehabilitation will increase throughout the Western world (Hellbom et al., 2011). This need is consolidated by national cancer survivorship programs in Europe and America (Rowland et al., 2013).

The transition from active treatment to being declared symptom-free, or even cancer-free, involves an array of burdensome and menacing impairments for the survivor that can last for many years. A series of known late sequelae are well-documented in the cancer literature, such as anxiety (Saboonchi et al., 2015), depression (Dalton et al., 2009), fear of relapse (Humphris et al., 2008), pain (Levy; 2008), fatigue (Schmidt et al., 2015) and sexual dysfunction (Brotto et al., 2008). Side effects are usually conceived and treated in their physical, psychological and/or social manifestations, but, I contend, a serious underexposed side effect of cancer is philosophical in nature and deserves to be addressed philosophically.

Cancer can shake the afflicted to his/her core (Sulik, 2010), disrupt life goals (Hullmann et al., 2016) and be a life-changing event (Schreiber et al., 2012) leading to psychological and/or spiritual distress (Thuné-Boyle et al., 2013). Life can spiral into an unsettling quest for a higher meaning. The traditional way of addressing the existential residue of cancer, where a reevaluation of all values commences, has thus far primarily been defined through coping strategies (Hopman et al., 2015), meaning-making processes (Park et al., 2008), mindfulness techniques (Garland et al., 2016), the importance of social networks (Kroenke et al., 2013) and narrative approaches to illness (Kruizinga et al., 2016). These modes of meeting the needs of survivors are set within an established psycho-social paradigm. I do

not purport to offer a comparison between this paradigm and this article's philosophical understanding of the cancer survivor's situation as such an enterprise would demand a different study than the present one intends to offer. However, since the existential and moral questions caused by a life-threatening disease such as cancer go to the very subject matter of philosophy, a different approach to cancer survivor care is intriguing to explore on its own. This different approach is supported by studies showing how both advanced cancer patients and long-term survivors report that their existential needs are insufficiently met (Kruizinga et al., 2016; Hodgkinson et al., 2006). Philosophy, particularly in its ancient form, is concerned with the art of living (Hadot, 1995; Nehamas, 2000; Sellars, 2003) and the attainment of flourishing human lives (Nussbaum, 1994). Thus, as part of two projects I studied my hypothesis that the use of a philosophical approach to cancer survivor care could help people navigate through the existentially uprooting experience of illness. The two projects consisted empirically of small groups of cancer survivors who would meet to philosophize about essential topics related to re-orienting oneself in life post treatment.

Death and mortality are raw realizations for cancer patients. Cancer stirs up thoughts on the proximity of mortality and the meaning of life while simultaneously launching a breakdown of former narratives (Lee, 2008). Death becomes the occasion for reflecting on self-identity, visions for the imminent future and values to focus on. These realizations mark what is at stake for cancer survivors, or borrowing the words of Socrates in *The Republic*: »we are discussing no small matter but how we ought to live« (Plato, 2000: Book 1, 352d). Life view, sense of time, control and selfhood are shattered and mortality becomes an embodied experience more than an abstract condition. Being stripped naked on a human level by cancer causes most people to experience an upheaval of thought and emotion on a grand, ubiquitous scale that leaves them with a plethora of what are, in effect, philosophical questions.

## Methods

This article is based on questionnaires collected from two similar projects. The questionnaire was an integral part of both my pilot project (2008-2010) and my research project (2012-2015). Methods used in the research project also consisted of participatory observation and interviews.

## *The Intervention: What is a SDG?*

The intervention used the method of Socratic Dialogue Group (SDG). The Socratic Dialogue Group is based on midwifery in conversation and thus dates back 2500 years. Midwifery in conversation refers to giving birth to one's thoughts through the aid of a facilitator. Socrates is the prime example of a dialogical midwife. SDG is a method of dialogue that is intimately related to life experiences and aims at two things: to philosophize individually and to philosophize together. The act of philosophizing engages in a philosophical question that has no empirical proof or final answer. It means to freely and rationally introspect about life in general and ponder on bigger than one's day-to-day activities.

The framework of this form of dialogue is rooted in the antique thought of cultivating the full person and should, therefore, not be read into a psychological tradition of therapy. The Socratic dialogue group guided by a trained Socratic facilitator creates a critical, wondrous and explorative community that connects the empirical and concrete with the philosophical and abstract. The facilitator is not a purveyor of knowledge. He or she is a partner in the dialogue probing and challenging underlying values, principles and assumptions of the participants. Both the facilitator and the participants are responsible for pushing the dialogue forward through inquiry. Though its point of departure is a philosophical question chosen by the group, the collaborative inquiry has no pre-determined conclusion or solution. The aim is to compose a symphony, not a solo, of thoughts that will give rise to greater existential and moral awareness.

A SDG follows a specific dialogical procedure: Participants choose one single philosophical question to dwell on that is relevant for each member of the group, for example: 'What is a good life?' or 'what is the self?'. Each participant tells the others about a self-lived experience, illustrating the chosen question. The group decides on one of these experiences which then becomes its focal point, next follows a meticulous analysis of this experience that will be increasingly abstract and identify principles and eventually common traits between all the experiences. Finally the group will frame a series of sentences that capture their understanding of the chosen question (Nelson, 1949; Heckmann, 1993; Brune et al., 2005; Knox, 2015).

## *Material*

The questionnaire explored the suitability of and beneficial use of a philosophical approach to patient care in cancer rehabilitation. I carried out nine Socratic dialogue groups (six in the pilot project and three in the research project) and acted as the Socratic facilitator in all groups. The suitability aspect of the questionnaire related to examining whether philosophical reflection was possible for cancer survivors to engage in without turning the dialogue into an aloof, abstract talk that would alienate rather than excite and involve them. The beneficence aspect related to whether this form of reflection was relevant and meaningful in the rebuilding of self-perception and life view that had been fractured by the illness experience.

The Copenhagen Center for Cancer and Health, which is a collaboration between the municipality of Copenhagen and the Danish Cancer Society, housed the projects to support and explore alternative ways of addressing cancer survivor needs. The center has already a wide variety of services for cancer patients and survivors that primarily involve physical exercise, therapeutic conversations and courses on 'stop-smoking' or diet. Group recruitment took place in collaboration with the center who directed potential candidates to me. In addition, a leaflet I wrote about the project was distributed around the center and put on display in the center's lounge area. I would screen all interested candidates by phone interview prior to enrolment in the SDG. Candidates were survivors who had either finished or almost finished treatment or who were chronically but not presently ill with cancer. I specifically did not include newly diagnosed as these patients' focus is on survival. When treatment comes to an end, the thoughts about the value of continued life begins to take shape. It was also important for me to make sure that people were not suffering from a clinical depression. During the telephone interview I would therefore ask them if they were being treated for a clinical depression or if they believed they were suffering from any symptoms of depression (continuous decreased energy, difficulty in concentrating, intense hopelessness, loss of interest and pleasure, etc.). Treating a clinical depression lies well beyond my competencies as a philosopher.

Groups met once a week for two hours or more six weeks in a row except for three groups who met five times in five weeks. There were 33 participants in the pilot project and 17 participants in the research project which means that a total of 50 participants were enrolled in the two projects. Participants in the research project were invited to be interviewed by me five weeks after their group ended. I interviewed 15 out of 17 participants. Most of the interviews were carried out at the

Department of Public Health, University of Copenhagen. Data from interviews and observations have been presented in various articles elsewhere (Knox, 2013, 2014, 2015; Knox et al., 2015). The findings disclosed in these articles describe and analyze defining aspects within the philosophical process between participants and how they have perceived and used the experience of participating in a SDG.

The questionnaire was, as indicated, but one part of my overall empirical material. The pilot project consisted of responses to the anonymous, open-ended questionnaire whereas my empirical material from the research project consisted of extensive notes from initial phone conversations with possible participants prior to the SDGs, my field-notes from the three dialogue groups as they were carried out, videotapes of the dialogue group meetings and notes on viewing the videotapes, anonymous questionnaires, large post-its from the dialogue groups and interviews transcribed.

### *Questionnaire Procedure*

The participants in both projects were encouraged to fill out the seven question questionnaire at the end of or shortly after the final SDG meeting. The questions were briefly explained verbally. I pointed out that the questionnaire was voluntary and anonymous. Three participants handed me the questionnaire in person. An even number of people handed them in after the final meeting or sent them electronically a few days later, all anonymously. About half the respondents handed in an elaborate response of whole paragraphs of between five-teen sentences; the other half wrote a couple of sentences and/or key words under each question,

The questionnaire consisted of seven questions (see next page). The questions in the questionnaire were the same as in the pilot project. Questions were designed in collaboration with a representative from the Center for Cancer and Health in Copenhagen. The questionnaire centered on the same topics as the interviews in the research project: 1. How had the participants perceived the philosophical reflection process? 2. What did they think of the Socratic method? and 3. What was the relevance and significance of participating in a SDG for them as rehabilitating cancer patients? The anonymous questionnaire was intended to give the participants an opportunity to air thoughts they felt uncomfortable airing to my face during the interview. These thoughts could concern critical or negative comments they may have had in connection with their experience of the Socratic process.

### *Questionnaire:*

- 1. How will you describe the benefits from your participation in the SDG as a whole?*
- 2. What are your thoughts on the dialogue method?*
- 3. Can you highlight particular elements of the method as useful and/or insightful?*
- 4. Can you highlight particular elements of the method that are useless and/or redundant?*
- 5. Did the fact that you shared/did not share the same cancer diagnosis or type of cancer mean anything in the group?*
- 6. Please tell us if you find the method suitable for cancer patients and why? And if not, why?*
- 7. Please share additional comments*

### *Participants*

The SDG-participants in the three groups fell under three different categories in terms of rehabilitation status: They were either people in the last stages of their rehabilitation from various forms of cancer, they had had cancer a number of years ago and were in remission or declared cured or they were chronically but not presently ill with cancer. The vast majority of the participants were users of the various rehabilitation services at the Center for Cancer and Health in Copenhagen. Only a couple had never signed up for a rehabilitation service before. By and large, people signed up for a SDG because they were intrigued by the philosophical approach to the life questions they faced post treatment.

Most participants had a good many years of schooling but not necessarily an academic degree: There were secretaries, schoolteachers, artists, nurses, doctors and consultants represented in the groups. Women accounted for the majority of participants (41/50) and ages ranged from 36 to 72 with ages of '40's' and '50's' as the dominant groups. Though many of the women were breast cancer survivors, other forms of cancer included prostate cancer, bowel cancer and lymphatic cancer.



## Results

Response rate in the pilot project were 15/33 and 11/17 in the research project. The questionnaire was handed out upon completion of a SDG and thus before I conducted the interviews in the research project. Overall, 26 out of 50 participants handed in the questionnaire. In the following, I will present the findings from the questionnaire. To condense and process the empirical data, I was inspired by Attride-Stirling's thematic network analysis as it provides an analytical tool to extract and summarize »main themes constituting a piece of text« (Attride-Stirling, 2001; 386). Studying the concrete expressions of participants to generate a general level in the responses, I identified clusters of underlying patterns in each of the seven questions. Connections between statements were explored and global, unifying themes deducted. The thematic analysis was performed across participant responses within each question - not across the seven questions.

### *1. Overall benefits from a participation in a SDG*

Predominantly, people responded with words such as or similar to »joyful«, »healing«, »healthy mind gymnastics«, »challenging in a constructive manner« and getting »a sharpened existential awareness« in regard to how to live in the future and who they are. Many pointed out how the dialogues had lifted them away from the patient role and left them to relate to each other »person to person« as one respondent put it. Another respondent elaborated on this point by stating that the dialogues did not »deal with one's illness situation but with one's life situation which I find extremely important at a point where you have to return to some sort of a normal life.« For many participants the Socratic dialogues placed their cancer in a larger perspective that made the role of cancer play a smaller role in their global life view now. In reflecting philosophically on life »the navel focus that you as a cancer patient tend to have is shifted to an engagement in understanding the 'bigger picture'.« This engagement enforced their sense of being removed from the context of illness. Thinking aloud together while simultaneously ruminating individually on the chosen philosophical question was perceived as particularly appealing. This introspective community fostered by the Socratic dialogues was singled out as uplifting, enriching and intimate. One participant characterized the interplay between individual introspection and collective contemplation as a pendulum (*pendulering* in Danish) that swayed between what went on inside the participants and what went on within the reflective process between the participants. She explained how »the free swinging of the pendulum was necessary

for the dialogue to progress and blossom«. People commented on how surprising it was to find philosophizing fun and intriguing and how the dialogue method showed a side of thoughts and reflection that transcended the psychological way of addressing life issues. One participant summed up what many expressed that »it was enriching to be allowed to experience with others that you could philosophize and reflect at a sophisticated level«. Some expressed that it had been an eye opener to learn how to think socratically and found relief in looking at themes, experiences and beliefs in an exploratory way and without judgment.

## 2. Thoughts on the dialogue method based on participants' concrete experience

Respondents pointed out the necessity of having a strict structure (i.e. the Socratic procedure described under 'The Intervention') to avoid digressions and inconsistencies in arguments. This point touched on the importance of the facilitator keeping the dialogue on track in terms of subject matter and within a philosophical framework. The method, it was stated, encouraged an open-minded, investigatory and in-depth approach to questions that were on the minds of cancer survivors at that particular point in their lives. A majority explained how all participants were taking an active part though in varying degrees in the development of ideas which supported trust and caring within the group and left them with a sense of having created 'the product' on their own. Some respondents remarked that the distinct value of the method was that it started in the concrete and moved towards the abstract. One respondent wrote that he described the dialogues as a movement into greater and greater insight (of the chosen question) and a realization that the topic is not exhausted by the end of the dialogues. The method was not engaged in finding answers to unresolvable questions, such as 'what is a good life' or 'what is vitality of life'. Again and again participants mentioned the relief in abstaining from identifying all-encompassing explanatory truths. They were humbled at the richness and complexity of these questions.

One respondent commented that though he found the method very beneficial for him, he could imagine that for others it would not have an appeal. The method, he added, is best suited for »curious people with a desire to play with words and distinctions – and people who are prone to explore life in general.«

## 3. *Particular elements of the method viewed as useful and/or insightful*

Respondents reported that a most useful element was having philosophical dialogues originate in their own lived experience yet not centered around their disease or its side effects. Not only did it make the group take ownership of their

chosen question and the thought process that followed but it made the group members bond with each other and removed them from the patient role. The personal stories gave great insight into the life and person behind the storyteller and created a solid foundation for the abstract phase of the dialogues. The dialogical transition from concrete to abstract was made easier by continuously having to relate the particular to the universal level of the stories and vice versa. The Socratic method itself calls for a moving back and forth between the concrete (the experiences of the participants) and the abstract (the comparable and universal character in these experiences) as depicted by a participant under question no. 1. People reported that the method incited precision of thought and expression without pontificating right and wrong answers. This aspect is supported by the unbiased way of questioning within the Socratic method. Some added that they were amazed at the profundity of the dialogues considering that they had no prior experience with philosophizing or with philosophy altogether.

#### *4. Particular elements of the method viewed as useless and/or redundant*

A significant number of people left this section blank. A couple wrote that they did not feel qualified to answer the question as, they believed, that would demand an in depth knowledge of the method that they did not possess. The other responses did not list any elements to be useless or redundant and just noted down 'none' or 'no'. Responses testified to a natural flow through the different Socratic phases of dialogue that they were introduced to in the first meeting.

#### *5. Importance of sharing or not sharing the same cancer diagnosis*

With the exception of a couple of responses, all reported that the cancer diagnosis and/or the specific type of cancer were irrelevant for the dialogues within the SDGs. People related to each other person to person, not patient to patient. Though it is cancer that has brought forth life and death questions, focus in the dialogues was not cancer, the cancer treatment, the cancer narrative or cancer prognosis but the existential and moral questions that people wrestled with. A SDG intends to unravel the universal aspect of the human drama within concrete experience. Many pointed out the strength in being removed from »the environment of cancer« as one put it.

A small number of responses misunderstood the question to inquire about whether it mattered that all participants had gone through cancer. In that case, the response was that it was important that all participants shared the experience of having had their life threatened as, they explained, the dialogues called for an

intensity, sincerity, openness and courage to explore life and death issues with a group of strangers, or in the words of one participant »Knowing that we had all been violently shaken in our lives [...] provided an important common ground« that facilitated the depth of the dialogues. Another participant expressed it this way: »We quickly developed a deep connection with each other that I think contributed to quickly transforming our theme into something universally human – a mythology in common.«

#### *6. Suitability of SDG method for cancer patients*

Unanimously, participants asserted that they found the Socratic method to be »highly suitable« (in the words of several of them) for cancer patients. Many suggested SDG be integrated into rehabilitation programs as an offer for people towards the end of their rehabilitation »where« as one person put it »many cancer patients take a close look at how they live their life.«

There were several common denominators in their reasons for finding the method suitable. Cancer propels people to reflect on life and death issues or as a respondent verbalized it: »Most people are thrown into some form of crisis [when they get the cancer diagnosis] and have a need to reflect on life and maybe revise one's way of life, change values, etc.« The SDG gave people a chance to remove their experience from the purely subjective perspective to reflect on the grand human tale to be found in their challenging and life-changing situation. They found that the dialogues added »a healthy perspective on my disease« by adding a universal dimension to their particular situation. Another participant elaborated on this point when she wrote that SDG was »a possibility to process the disease in a more abstract way where other things than emotions, treatment and side effects are in focus. The whole disease experience is lifted up and becomes part of something bigger – and more existential.« The abstract or universal dimension was identified in some responses as having a healing effect.

#### *7. Additional comments*

While several people had left the last question blank, the general picture in the ones who answered was expressed either as a desire for the continuation of the group, with the same philosophical theme or a new one - a recommendation to implement SDG in the rehabilitation system - or they explained how they had been looking forward to the weekly SDG meeting. Some expressed how the thought process had assisted in cleaning up existential confusion. A couple of respondents remarked on the number of times they met. Their groups had met five

times instead of the usual six times. One stated that she found it »a bit frustrating to be introduced to this method and work with it and then, at the moment where you no longer feel weary, we were done.« One suggested the idea of homework in between meetings, for example reading a small philosophical text, to keep people alert on the topic under investigation.

## Discussion

The overall aim of the projects was to conceptualize and develop a novel approach to the existential situation and moral challenges of cancer survivors by use of philosophy. This aim did not intend to suggest the dismantlement of psychosocial services, but rather to offer a supplement to them. In order to develop such a novel regard, I proposed the Socratic Dialogue Group (SDG) as the method of intervention. As a philosopher and a certified Socratic facilitator, I was responsible for conducting the groups. The method was developed by the German philosophers Leonard Nelson (Nelson, 1949) and Gustav Heckmann (Heckmann, 1993). It has been used in diverse areas such as prisons (Brune et al., 2010), adult education (Hansen, 2000), schools (Pihlgren, 2008) and social work (Pullen-Sansfaçon, 2012). What makes my study unique and innovative is that SDG has not previously been applied and researched within a health care environment.

### *The Potential of SDG in Cancer Survivor Care*

Based on responses from the questionnaires, I deduced several general features and findings that illuminate what a philosophical framework can contribute with to survivorship care. Firstly, participation in SDG removed the participant from the patient role and made them look beyond the realm of the disease experience. Secondly, participation in SDG offered a broader perspective not only on the disease experience, but on life in general. Both features are prompted and solidified by the act of philosophizing. Thirdly, participation in SDG punctured the solitude felt by most of the cancer patients. Though other interventions that involve groups (Kroenke et al., 2014; Kruizinga et al., 2016) can address the last point, the other two features define what distinguishes a philosophical approach. The first two points corresponds to the overall benefit asked in question 1 but they are visible throughout most of the responses to the other questions in the questionnaire.

Cancer rehabilitation, or restoring oneself post cancer, is a perpetual endeavor that calls on a host of psycho-social activities (Hopman et al., 2015; Park et al., 2008; Garland et al., 2016). Participation in a SDG does not offer assistance in returning to the job market or proposing coping strategies in treating mental stress and anxiety. It does not target specific physical, psychological, socio-economic or dietary related issues. These are the topic areas that other professions excel in. In sum, SDG does not engage in the mere functionality of a person. Rather, thoughts are lifted to an abstract level that brings out the perspective of *onto-ethico* being in the world, but without ever losing sight of the concrete. An *onto-ethico* perspective draws attention to the ontological and ethical underpinnings of the illness experience by strengthening the question of being, meaning and how we ought to live (Knox, 2013, 2014, 2015; Knox et al., 2015). This perspective takes the grander view of existence and transcends the traditional divisions of the physical, mental and social. It illuminates the ‘whole being’ from within that being. When reflecting philosophically from a platform where human suffering and questioning is emergent, the act of philosophizing within SDGs express the very art of living post cancer.

Survival is not the terminus of the illness journey. It is the beginning of a new life stage. A novel approach to cancer survivor care, such as the one described in this article, offers reflections on intrinsic life value attainment through philosophical dialogue and identifies the possible overall gains from having realized personal mortality. Dealing with vulnerable human lives, the healthcare system should consider incorporating a different language that is not one of efficacy, scores, symptoms, pathology, cause and effect but one that dwells on what constitutes a human life, the wisdom buried in a life-changing situation and how to unravel its philosophical components. This approach will enhance the *art* of medicine as also supported by others, for example Kleinman (Kleinman, 2008; 2012). The act of philosophizing lifted the participants’ situation out of the traditional psycho-social framework to include a grander gaze on (their) human existence. The dialogues bought out the universality within their particular, personal thoughts revealing the comparable in human experience.

### *Limitations*

Whilst the study through a patient-centered approach points to the potential of SDGs in cancer survivor care, it has some limitations.

The response rate was not high as it was just above 50% (26/50). It is therefore fair to ask how well they represent the experience of the overall group of participants. This would certainly be a valid point to raise if the questionnaire were the only indicator of the suitability and beneficence of the method of SDG in cancer care. As stated above, the questionnaire was not the only form of evaluation tool used. In the research project, all seventeen participants were invited for an interview a minimum of five weeks after the final SDG meeting. I interviewed 15 out of 17 participants. The responses from the questionnaire corresponded with the results from the interviews. Since the interviews circled around the same themes as the questionnaire, it is reasonable to conclude that the interviews support the preliminary findings of the questionnaire.

The vast majority of participants consisted of women (41/50). In the research project males counted for two out of 17 participants; in the pilot project the ratio was seven to 33. Thus, the study offers little light on possible discrepancies and similarities in terms of gender.

I facilitated the dialogues while, simultaneously, researching them. In other words, I was doing participant observation while participating actively in the dialogues. Thus, what made my position in the field complex was the fact that I initiated the SDGs that I was to research: By having a pre-acceptance of the Socratic method, could I then analyze my own practice? Was I sufficiently open and critical? Though these questions must be posed and reflected on, the duality of engagement and detachment embedded in my role is not news to the field of qualitative research. It is a common understanding that qualitative researchers are the instruments of our data collection and analysis (Glesne, 1999; Russell et al., 2002) and obtain access to knowledge, for example, through participant observation, by way of "forming and maintaining intimate relationships for professional purposes" (Hume et al., 2004: xii). My double role was known to the participants. None of them, however, commented on it in the questionnaire or the interviews.

Finally, the study reveals that the Socratic method most likely only appeals to a particular section of cancer survivors, namely those with a desire to thoroughly contemplate the existential and ethical implications of an illness experience that turned their life inside out. There may, of course, be a multitude of other reasons why people do not decide to sign up. Late effects of the cancer treatment such as fatigue or chemo brain that can make it hard to concentrate and stay focused could be among them. But without an inclination to philosophize on the life-changing event of cancer, it is improbable that people would consider participating in a SDG.



## Conclusion

This study concludes that the method of Socratic dialogue is suitable and beneficial for cancer survivors who are about to re-enter themselves in their (new) life post cancer. Based on response recommendations, integrating a philosophical approach to the humanly challenging situation of survivors into cancer rehabilitation programs encourages their sense of self and personhood as opposed to their sense of being just a patient. In addition, responses emphasize the reinvigorating effect of removing focus from the purely subjective and emotional to the grander, human picture of their situation. Future studies should explore the potential of SDGs in greater detail for a longer period of time and in more diverse groups of cancer patients.

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## References

- Allemani, C., Weir, H.K., Carreira, H., Harewood, R., Spika, D., Wang, X.S. et al. (2015). Global surveillance of cancer survival 1995-2009: analysis of individual data for 25676887 patients from 279 population-based registries in 67 countries (CONCORD-2). *Lancet*, 385, 977-1010. [https://doi.org/10.1016/S0140-6736\(14\)62038-9](https://doi.org/10.1016/S0140-6736(14)62038-9)
- Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, 1(3), 385-405. <https://doi.org/10.1177/146879410100100307>
- Broadwell, D. (1987). Rehabilitation Needs of the Patient with Cancer. *Cancer*, 60, 563-568. [https://doi.org/10.1002/1097-0142\(19870801\)60:3+<563::AID-CNCR2820601521>3.0.CO;2-P](https://doi.org/10.1002/1097-0142(19870801)60:3+<563::AID-CNCR2820601521>3.0.CO;2-P)
- Brotto, L.A., Heiman, J.R., Goff, B., Greer, B., Lentz, G.M., Swisher, E., Tamimi, H., & Van Blaricom, A. (2008). A Psychoeducational Intervention for Sexual Dysfunction in Women with Gynecologic Cancer. *Archives of Sexual Behavior*, 37(2), 317-29. <https://doi.org/10.1007/s10508-007-9196-x>
- Brune, J.P. & Krohn, D. (2005). *Socratic Dialogue and Ethics*. Eds. Münster: Litt Verlag.
- Brune, J.P. & Krohn, D. (2010). Ten years of Socratic dialogue in prisons: its scope and limits. *Philosophical Practice*, 5(3), 674-684.



- Dalton, S.O., Laursen, T.M., Ross, L., Mortensen, P.B., & Johansen, C. (2009). Risk for hospitalization with depression after a cancer diagnosis: a nationwide, population-based study of cancer patients in Denmark from 1973 to 2003. *Journal of Clinical Oncology*, 27(9), 1440-1445. <https://doi.org/10.1200/JCO.2008.20.5526>
- Edwards, B.K., Noone, A.M., Mariotto, A.B., Simard, E.P., Boscoe, F.P., Henley, J. et al. (2014). Annual report to the nation on the status of cancer, 1975-2010, featuring prevalence of comorbidity and impact on survival among persons with lung, colorectal, breast, or prostate cancer. *Cancer*, 120(9), 1290-1314. <https://doi.org/10.1002/cncr.28509>
- Garland, E.L., Thielking, P., Thomas, E.A., Coombs, M., White, S., Lombardi, J. et al. (2016). Linking dispositional mindfulness and positive psychological processes in cancer survivorship: a multivariate path analytic test of the mindfulness-to-meaning theory. *Psycho-Oncology*. doi: 10.1002/pon.4065. <https://doi.org/10.1002/pon.4065>
- Glesne, C. (1999). *Becoming Qualitative Researchers: An Introduction*. Don Mills, Ontario: Longman.
- Hadot, P. (1995). *Philosophy as a Way of Life: Spiritual Exercises from Socrates to Foucault* (Trans. Michael Chase). Oxford: Blackwell.
- Hansen, F.T. (2000). *Den Sokratiske dialoggruppe. Et værktøj til værdiafklaring*. København: Gyldendal.
- Heckmann, G. (1993). *Das Sokratische Gespräch: Erfahrungen in philosophischen Hochschulseminaren*. Frankfurt am Main: Dipa-Verlag.
- Hellbom, M., Bergelt, C., Bergenmar, M., Gijzen, B., Loge, J.H., Rautalathi, M., Smaradottir, A., & Johansen, C. (2011). Cancer Rehabilitation: A Nordic and European Perspective. *Acta Oncologica*, 50, 179-186. <https://doi.org/10.3109/0284186X.2010.533194>
- Hodgkinson, K., Butow, P., Hunt, G., Pendlebury, S., Hobbs, K., & Wain, G. (2007). Breast cancer survivors' supportive care needs 2-10 years after diagnosis. *Supportive Care Cancer*, 15, 515-523. <https://doi.org/10.1007/s00520-006-0170-2>
- Hopman, P. & Rijken, M. (2015). Illness perceptions of cancer patients: relationships with illness characteristics and coping. *Psycho-Oncology*, 24, 11-18. <https://doi.org/10.1002/pon.3591>
- Hullmann, S.E., Robb, S.L., & Rand, K.L. (2016). Life goals in patients with cancer: a systematic review of the literature. *Psycho-Oncology*, 25(4), 387-300. doi:10.1002/pon.3852.
- Hume, L. & Mulcock, J. (eds.). (2004). *Anthropologists in the Field: Cases in Participant Observation*. New York: Columbia University Press.
- Humphris, G. & Ozakinci, G. (2008). The AFTER intervention: A Structured Psychological Approach to Reduce Fears of Recurrence in Patients with Head and Neck Cancer. *British Journal of Health Psychology*, 13(2), 223-30. <https://doi.org/10.1348/135910708X283751>
- Kleinman, A. (2008). The art of medicine. Catastrophe and caregiving: the failure of medicine as an art. *The Lancet*, 371, 22-33. [https://doi.org/10.1016/S0140-6736\(08\)60057-4](https://doi.org/10.1016/S0140-6736(08)60057-4)
- Kleinman, A. (2012). The art of medicine. Caregiving as moral experience. *The Lancet*, 380, 1550-1551.
- Knox, J.B.L. (2013). The exigency of being Parrhêsiaistic: on truth-telling in Socratic dialogue groups with survivors of cancer. *Journal of Humanities Therapy*, 4, 89-122.
- Knox, J.B.L. (2014). Philosophy as an art of living: situating the method of Socratic dialogue within a framework of 'care of the self'. *HASER International Journal on Philosophical Practice*, 5, 33-54.

- Knox, J.B.L. (2015). Sculpting reflection and being in the presence of mystery – perspectives on the act of philosophizing in practice with people recovering from Cancer. *HASER International Journal on Philosophical Practice*, 6, 53–79.
- Knox, J.B.L. & Svendsen, M.N. (2015). Authoring experience: the significance and performance of storytelling in Socratic dialogue with rehabilitating cancer patients. *Medicine, Healthcare and Philosophy*, 18(3), 409–20. <https://doi.org/10.1007/s11019-015-9641-x>
- Kroenke, C.H., Kwan, M.L., Neugut, A.I., Ergas, I.J., Wright, J.D., Caan, B.J., et al. (2013). Social networks, social support, and survival after breast cancer diagnosis. *Breast Cancer Res Treat*, 139(2), 515–527. <https://doi.org/10.1007/s10549-013-2477-2>
- Kruizinga, R., Hartog, I.D., Jacobs, M., Daams, J.G., Scherer-Rath, M., Johannes, B.A., et al. (2016). The effect of spiritual interventions addressing existential themes using a narrative approach on quality of life of cancer patients: a systematic review and meta-analysis. *Psycho-Oncology*, 25, 253–265. <https://doi.org/10.1002/pon.3910>
- Lee, Virginia. (2008). The existential plight of cancer: meaning making as a concrete approach to the intangible search for meaning. *Supportive Care in Cancer*, 16(7), 779–785. <https://doi.org/10.1007/s00520-007-0396-7>
- Levy, M.H., Chwistek, M., & Mehta, R.S. (2008). Management of chronic pain in cancer survivors. *Cancer J*, 14, 401–409. <https://doi.org/10.1097/PPO.0b013e31818f5aa7>
- Nehamas, A. (2000). *The Art of Living: Socratic Reflections from Plato to Foucault*. Berkeley: University of California Press.
- Nelson, L. (1949). *Socratic Method and Critical Philosophy*. New York: Dover Publications.
- Nussbaum, M. (1994). *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*. Princeton, NJ: Princeton University Press.
- Park, C.L., Edmondson, D., Fenster, J.R., & Blank, T.O. (2008). Meaning making and psychological adjustment following cancer: the mediating roles of growth, life meaning, and restored just-world beliefs. *Journal of Consulting Clinical Psychology*, 76(5), 883–75. <https://doi.org/10.1037/a0013348>
- Pihlgren, A. (2008). Socrates in the classroom. Rationales and effects of philosophizing with children. *Doctoral dissertation*. Department of Education, University of Stockholm.
- Plato. (2000). *The Republic* (Trans. B. Jowett). Mineola, NY: Dover Publications.
- Pullen-Sansaçon, A. (2012). Socratic dialogue and self-directed group work: strengthening ethical practice in social work. *Social Work with Groups*, 35(3), 253–266. <https://doi.org/10.1080/01609513.2011.624377>
- Rowland, J.H., Kent, E.E., Forsythe, L.P., Loge, J.P., Hjort, L., Glaser, A., et al. (2013). Cancer survivorship research in Europe and the United States: where have we been, where are we going, and what can be we learns from each other? *Cancer*, 119(Suppl 11), 2094–108. <https://doi.org/10.1002/cncr.28060>
- Russell, G. M. & Kelly, N. H. (2002). Research as Interacting Dialogic Processes: Implications for Reflexivity. *Forum: Qualitative Social Research*, 3(3).
- Saboonchi, F., Petersson, L.M., Wennman-Larsen, A., Alexanderson, K., & Vaez, M. (2015). Trajectories of anxiety among women with breast cancer: a proxy for adjustment from acute to transitional survivorship. *Journal of Psychosocial Oncology*, 33, 603–619. <https://doi.org/10.1080/07347332.2015.1082165>
- Schmidt, M.E., Chang-Claude, J., Seibold, P., Vrieling, A., Heinz, J., Flesch-Janys, D., et al. (2015). Determinants of long-term fatigue in breast cancer survivors: results of a

- prospective patient cohort study. *Psycho-Oncology*, 24, 40-46. <https://doi.org/10.1002/pon.3581>
- Schreiber, J.A. & Brockopp, D.Y. (2012). Twenty-five years later – what do we know about religion/spirituality and psychological well-being among breast cancer survivors? A systematic review. *Journal of Cancer Survivorship*, 6, 82-94. <https://doi.org/10.1007/s11764-011-0193-7>
- Sellars, J. (2003). *The Art of Living: The Stoics on the Nature and Function of Philosophy*. Burlington, VT: Ashgate.
- Stewart, B.W. & Wild, C.P. (eds.). (2014). *The World Cancer Report 2014* (WHO). Lyon: International Agency for Research on Cancer.
- Sulik, G.A. (2010). *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women's Health*. Oxford: Oxford University Press.
- Thuné-Boyle, I. C. V., Styga, J., Keshtgar, M. R. S., Davidson, T. I., Newman, S. P. (2013). Religious/spiritual coping resources and their relationship with adjustment in patients newly diagnosed with breast cancer in the UK. *Psycho-Oncology* 22 (3): 646–658. <https://doi.org/10.1002/pon.3048>